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Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
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**APPLICATION FOR AN EXPEDITED SERVICE PERMIT
NRS 426.441**

Nevada law allows for issuance of an Expedited Service Permit for individuals with a permanent (irreversible) disability. This permit entitles a person to expedited service from any officer or employee of a State agency that is providing any services of the agency to the public. The Expedited Service Permit is valid for 10 years from date of issuance.

APPLICATION FOR AN EXPEDITED SERVICE PERMIT MUST BE MADE IN PERSON

Original _____

Duplicate/Change _____

Applicants Name _____
(Disabled Person) Last First M.I.

Date of Birth (Mandatory) _____ Daytime Telephone No. (____) _____

Address _____
City State Zip Code

I currently have Disabled License Plate No. _____ I currently have Disabled Placard(s) No(s) _____ / _____

I understand that it is unlawful for an individual, other than myself, to use or attempt to use this Expedited Service Permit and that a person who violates this provision is guilty of a misdemeanor.

Signature of Applicant _____ Date _____

Fees: 65 Years of age or older - Original, duplicate or renewal - \$6.25
Under 18 years of age - Original, duplicate or renewal- \$5.25
All Others = Original, duplicate or renewal - \$11.25
New Photograph or change of name or both - \$6.25

THIS PORTION MUST BE COMPLETED BY A LICENSED PHYSICIAN

Do not complete if you have previously provided the Nevada Department of Motor Vehicles with a physician's certificate indicating an irreversible condition.

As a Physician for the above-named patient, I hereby certify that the applicant:

1. _____ Cannot walk two hundred feet without stopping to rest.
2. _____ Cannot walk without the use of a brace, cane, crutch, wheelchair, or other device or another person.
3. _____ Is restricted by a lung disease.
4. _____ Uses portable oxygen.
5. _____ Has a cardiac condition to the extent that functional limitations are classified as a Class III or Class IV according to standards adopted by the American Heart Association.
6. _____ Is visually handicapped.
7. _____ Is severely limited in his/her ability to walk because of an arthritic, neurological, or orthopedic condition.

And I further certify that my patient's condition is:

☐ Irreversible, the patient is permanently disabled in his/her ability to walk (certification is valid indefinitely).

Please Print or Type:

Physician's Name _____

Mailing Address _____
City State Zip Code

Physicians License Number _____ Telephone No (____) _____

Physicians Signature _____ Date _____